

MDR Tracking Number: M5-04-3032-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-13-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the lumbar epidural, contrast x-ray of lower spine, needle by x-ray, x-ray of lower spine, x-ray of chest, electrocardiogram, measure of blood oxygen level, unlisted evaluation/management service, special supplies (including surgical trays, needles, and contrast materials), infusion of normal saline, and anesthesia for procedures in lumbar region were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 5/14/03 through 5/28/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4<sup>th</sup> day of October 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

September 10, 2004  
Amended September 24, 2004

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:  
TWCC #:  
MDR Tracking #:  
IRO #:

M5-04-3032-01  
5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### RECORDS REVIEWED

1. Dr. E, chiropractor, January 22, 2002 to June 6, 2003
2. Imaging report, Dr. L, 12/11/02
3. Lumbar epidural steroid injection report, Dr. L, 05/14/03 & 05/28/03
4. Nerve conduction velocity and electrodiagnostic studies, Dr. P, 01/28/03
5. EMG Report, lower extremities,, Dr. C, 01/31/03
6. Medical records, Dr. S, 12/16/02
7. Independent Medical evaluation, Dr. H, 01/08/03.

#### CLINICAL HISTORY

\_\_\_ is a 42-year-old gentleman who slipped and fell while he was working and sustained injury to his left knee, cervical spine and lower back. He has been treated by Dr. E since his injury occurred through \_\_\_. Dr. E has been his treating physician and he has given him considerable chiropractic adjustments and physical therapy in his clinic. He had imaging studies at Dr. L's radiology facility and had EMG studies done which were for the most part normal by Dr. C and also by Dr. P. His imaging studies did not demonstrate any evidence of nerve root compression, particularly in the lumbar spine. He did not have any evidence of spinal stenosis or neural compression. Dr. S, a pain management doctor, recommended that he have a trial facet injection on 12/16/02 to try to determine if some of his pain could be coming from the facet; however, this was never done. Instead, a series of two lumbar epidural steroid injections given by Dr. L, were apparently done at the suggestion of the chiropractor, Dr. E. There is an independent medical evaluation by Dr. H on 01/08/03, which explains that there is no evidence of nerve root compression and no evidence of foraminal stenosis or neural entrapment. Also, it determines that the patient is having symptoms of symptom magnification, therefore, no epidural steroid injection is recommended by Dr. H.

The dispute in this case is revolving around the two epidural steroid injections that were given and the charges that were made for the anesthesia, electrocardiogram, chest x-ray and medical blood studies that were done in order to work up the patient to go through these epidural steroid injections.

#### DISPUTED SERVICES

Under dispute is the medical necessity of lumbar epidural, contrast x-ray of lower spine, needle by x-ray, x-ray of lower spine, x-ray of chest, electrocardiogram, measure of blood oxygen level, unlisted e/m service, special supplies including surgical trays, needles and contrast materials, infusion of normal saline, and anesthesia for procedures in lumbar region.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

After review of the medical records, there is no indication that this man has any evidence of neural compression or spinal stenosis. He has some facet arthritis, which is a very common thing for someone 43 years of age. However, there is no indication for doing epidural steroid injections in the absence of neurological findings. The reviewer therefore does not feel the epidural steroid injections and the medical workup that was necessary in order to give the epidural steroid injection were reasonable and necessary and related to the compensable injury.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,